



**Supplemental Application Data Sheet**

**Application Information**

Application number::	10/672,396
Filing Date::	09/26/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	Not yet assigned
CD-ROM or CD-R??::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	SYNTHETIC GENES
Attorney Docket Number::	020547-003610US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	24
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: V.  
Family Name:: Santi  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 211 Belgrave Avenue  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94117

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ralph  
Middle Name:: C.  
Family Name:: Reid  
Name Suffix::  
City of Residence:: San Rafael  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 600 Galerita Way  
City of Mailing Address:: San Rafael  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94903

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sarah  
Middle Name:: J.  
Family Name:: Kodumal  
Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3933 Harrison Street, Apt. 102  
City of Mailing Address:: Oakland  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94611

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Sebastian  
Middle Name::  
Family Name:: Jayaraj  
Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1709 Shattuck Avenue, Apt. 214  
City of Mailing Address:: Oakland

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94709

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/414,085	09/26/02